



**CDS Connect Work Group
Meeting Summary
October 25, 2018
3:00-4:30 PM EST**

Attendees

AHRQ Sponsors	Ed Lomotan, Shafa Al-Showk, Robert McNellis
Work Group Members	Alex Dummett, Apurva Desai, Barry Blumenfeld, Bijal Shah, Chris Shanahan, Danny Pardock, Danny van Leeuwen, David Foley, Dwayne Hoelscher, Edna Boone, Janet Hui, Jeremy Michel, John Kefelas, Jonathan Teich, Josh Richardson, Linn Brandt, Matt Pfeffer, Mike Dorsch, Nitu Kashyap, Patrick O'Connor, Preston Lee, Raajiv Ravi, Randolph Barrows, Robert Badgett, Robert Lario, Ryan Mullins, Stan Rankins, Steve Hasley, Vojtech Huser
MITRE CDS Connect Project Members	Ginny Meadows, Chris Moesel, David Winters, Dylan Mahalingham, Julia Afeltra, Sharon Sebastian, Sharon Pacchiana

The MITRE Corporation operates the Centers for Medicare & Medicaid Services (CMS) Alliance to Modernize Healthcare (CAMH), a federally funded research and development center (FFRDC) dedicated to strengthening the nation's health care system. MITRE operates CAMH in partnership with CMS and the Department of Health and Human Services.

Agenda

- Welcome and brief review of meeting objectives and the agenda
- CDS Connect Option Year (OY) 2 clinical domain, partner approach, potential artifact development and pilot implementation approaches
- CDS Connect OY2 prototype development options
- CDS Connect options for notification capability
- Demonstration of new CDS Connect menu format and Patient Perspective area
- Discussion of CDS Connect artifact discovery (i.e. searching)
- Final status on publishing the Pain Management Summary artifact and software
- Closing

Action Items

None

Meeting Summary

Welcome

MITRE started the meeting by welcoming participants and reviewing the names of work group members participating in the call. Ginny Meadows then reviewed the agenda and facilitated the rest of the discussion.

Overall:

The meeting included a presentation and discussion on the CDS Connect OY2 clinical domain and approach, along with a presentation and discussion on OY2 prototype development options. In addition, options for CDS Connect Repository notification were presented along with information on the new Patient Perspectives area, redesigned menu and development of a new artifact searching capability on the Repository. During each presentation, work group member ideas, suggestions and concerns were encouraged.

CDS Connect Option Year 2 Clinical Domain and Approach, Sharon Sebastian, Ginny Meadows, Sharon Pacchiana (MITRE)

Sharon Sebastian provided an update on the Clinical Domain and potential partner approach for this year. The topic is the United States Preventive Task Force (USPSTF) recommendations with a potential focus on the electronic Preventive Services Selector (ePSS), which is an application for identifying pertinent USPSTF recommendations. The ePSS app is available through android, iPad, iPhone, windows, web and through an API. Five patient characteristics (Age, Sex, and pregnancy, tobacco use and sexually active status) are entered to see a filtered list of the recommendations by grade (A, B, C, D, and I).

There is also a desire for MITRE to partner with a tech company, and discussions with companies like Microsoft, Apple, Amazon and Facebook are taking place.

Ginny Meadows discussed the current development and sections of the environmental scan. She gave a brief overview of some of the discussions and interviews that the CDS Connect team has conducted to find out more about the current use of the USPSTF and/or the ePSS. She also discussed some of the potential pilot settings being considered.

Questions and additional comments were invited from work group members:

- a. A work group member mentioned that his organization had implemented the USPSTF recommendations as CDS. This has been useful as health plans use them to determine payment. The initial implementation started 10 years ago, with updates implemented when needed.
 - i. Since the recommendations are not provided in an L2, L3 or L4 format, they had to do that on their own. It has cost @\$35 million, and each update is about \$60-80,000.
 - ii. In addition, much of the coding is site and system specific, e.g. medications and lab tests, so although willing to share this makes it difficult.
 - iii. Their system delivers the CDS as a web service, and the recommendations can be printed as well. They have also prioritized the recommendations.
 - iv. He offered to meet with the CDS Connect team to share additional information.
- b. A work group member asked how communication is done regarding new recommendations. Another member also mentioned issues with conflicting, more “aggressive” recommendations for similar services from the specialty societies.

- c. A work group member commented that patients would be interested in viewing the recommendations, for example in their personal health record (PHR).
- d. A work group member commented that vendors have implemented the recommendations as CDS in their systems, and that most A and B recommendations are implemented in the major EHR products, often in a health maintenance module.
 - i. He used the ePSS in the past, but feels it introduces “noise” as the recommendations are not filtered by screenings the patient has already had, or other patient data. Providers are too busy to have to weed through these. Need to provide more concise information e.g. present the areas that need to be focused on and the plan moving forward.
 - ii. He also suggested looking at data sets.
 - iii. There are conflicting guidelines from specialty organizations, such as the American Diabetic Association (ADA) guidelines and electronic clinical quality measures (eCQMs) vs the USPSTF. In addition, many family physicians refer to the Cochrane reviews.
 - iv. It’s also important to think about what NOT to do.
- e. A work group member mentioned it was important to think about how to remove tasks from the primary care doctor and give them to another capable person. Think about workflow and distributing work.
- f. A work group member suggested prioritizing the recommendations to those of greatest benefit.
 - i. Another work group mentioned a study on what interventions yield the most benefit.
 - ii. The work group member also mentioned that they provide their patients with a printed page of recommendations to review before seeing the doctor. The patient can then determine what their preference is.
- g. A work group member mentioned that they support their employees by providing the recommendations directly to them, as an extension of employee health. He also suggested offloading to a Care Manager.
 - i. Could also embed the CDS in an employee health clinic or with a payer.

Option Year 2 Prototype Development, Chris Moesel (MITRE)

Chris Moesel presented 3 different options for prototype development this year:

1. Clinical Quality Language (CQL) Services Enhancements: Improved CDS Hooks support
2. CQL Testing Framework: Developer-focused tools for testing CQL
3. CQL Documentation Generator: User-friendly documentation from CQL

Chris explained what each option might include, and then invited comments from the work group members.

- a. A work group member liked option 2, CQL testing framework. This would help finalize CQL and generate test cases. He suggested considering a feature to auto-generate test cases that exercise all branches of the CDS logic.
- b. Another work group member liked option 1, CQL services enhancements. He asked if this would support Fast Healthcare Interoperability Resources (FHIR) Clinical Reasoning and Chris replied that it might.
- c. A work group member suggested considering what the community is most ready for and explained this in the following way. He also commented that he would pick #1, CQL Services Enhancements.
 - i. #1 helps with implementation
 - ii. #2 helps with development

- iii. #3 helps those not as familiar with standards development.

CDS Connect Notifications Options, Dave Winters (MITRE)

Dave Winters provided an overview of several options around notification in the Repository. These included who to send notifications to, what to send notifications about, and when to send the notifications. He invited comments and questions from the work group members.

- a. A work group member suggested letting people subscribe to a specific level of notification, possibly using GitHub. Dave commented that this would require users of the notifications to create an account, which may be burdensome.

CDS Connect Repository - Patient Perspectives, Updated Menu, and Artifact Discovery, Dave Winters and Ginny Meadows (MITRE)

Dave Winters presented the layout and purpose of the new Patient Perspectives menu option and area of the CDS Connect Repository site. This space will allow patient perspective information to be shared. The first post will be a blog that was written by the CDS Connect Patient Advocate, Danny van Leeuwen.

Dave also provided an update and demonstration of the new menu format on the Repository. The menu was redesigned as more menu space was needed to accommodate both the Patient Perspectives area as well as a “Resources” area, for posting User Guides and other documentation. A new “Community” menu item now opens to a submenu, with both menu options as well as a relocated “Workgroup” menu item, and a “Reports” menu item.

Dave also began a discussion on a new “Artifact Discovery” capability that is being developed now. This will redesign the search capability for existing artifacts. The current listing of artifacts is not scalable as contributions to the Repository continue to grow. The CDS Connect team is investigating the use of the Medical Subject Headings (MeSH) as a clinical taxonomy for tagging artifacts. Ginny Meadows reviewed a list of user stories on how users want to be able to find artifacts.

Dave invited comments and questions from the work group.

- a. A work group member commented that he finds the current navigation of the CDS Connect website difficult, with a lot of “marketing” material first. He suggested streamlining this for frequent users of the Repository somehow, who just want to go directly to the artifacts.

Published CDS Connect Resources, Sharon Sebastian (MITRE)

Sharon Sebastian provided an update on the following:

- The Pain Management Summary and the C-diff Treatment Pathway artifacts are now published on the Repository.
- 4 new Centers for Disease Prevention (CDC) Opioid prescribing artifacts and 19 new Veterans Health Administration (VHA) artifacts will be published soon.
- The open source code for CQL services and the Substitutable Medical Apps, Reusable Technology (SMART) on FHIR Pain Management Summary app are now on GitHub.

Open Discussion and Closeout

There were no additional announcements or discussion.